

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 06/30/2010. CMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
PTO/US/17 (10-07)

| | | | | | | | | | | | | | | | |
|---|------------------------|---|--------------|--------------------|------------------------|-------------|--------------------|----------------------|----------------|---------------|-----------------|----------|------|---------------------|------------|
| <p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3> | | <p>Complete if Known</p> | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/669,471-Conf. #4852</td> </tr> <tr> <td>Filing Date</td> <td>September 25, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Kouji YOKOUCHI</td> </tr> <tr> <td>Examiner Name</td> <td>F. I. Ehichioya</td> </tr> <tr> <td>Art Unit</td> <td>2162</td> </tr> <tr> <td>Attorney Docket No.</td> <td>2091-0292P</td> </tr> </table> | | Application Number | 10/669,471-Conf. #4852 | Filing Date | September 25, 2003 | First Named Inventor | Kouji YOKOUCHI | Examiner Name | F. I. Ehichioya | Art Unit | 2162 | Attorney Docket No. | 2091-0292P |
| Application Number | 10/669,471-Conf. #4852 | | | | | | | | | | | | | | |
| Filing Date | September 25, 2003 | | | | | | | | | | | | | | |
| First Named Inventor | Kouji YOKOUCHI | | | | | | | | | | | | | | |
| Examiner Name | F. I. Ehichioya | | | | | | | | | | | | | | |
| Art Unit | 2162 | | | | | | | | | | | | | | |
| Attorney Docket No. | 2091-0292P | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TOTAL AMOUNT OF PAYMENT</td> <td>(\$) 180.00</td> </tr> </table> | | TOTAL AMOUNT OF PAYMENT | (\$) 180.00 | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) 180.00 | | | | | | | | | | | | | | |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| | | | | | | | |
|---|---|---------------------|---|---|--|--------------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES <small>Small Entity</small> | | SEARCH FEES <small>Small Entity</small> | | EXAMINATION FEES <small>Small Entity</small> | | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |
| | | | | | | | Small Entity |
| | | | | | | | Fee (\$) |
| | | | | | | | Fee (\$) |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | | 50 25 |
| Each independent claim over 3 (including Reissues) | | | | | | | 210 105 |
| Multiple dependent claims | | | | | | | 370 185 |
| Total Claims | | Extra Claims | | Fee (\$) | | Fee Paid (\$) | |
| - = | | x | | = | | = | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | | Extra Claims | | Fee (\$) | | Fee Paid (\$) | |
| - = | | x | | = | | = | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | | Number of each additional 50 or fraction thereof | | Fee (\$) | |
| - 100 = | | / 50 = | | (round up to a whole number) x | | = | |
| | | | | | | | Fee Paid (\$) |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | Fees Paid (\$) |
| Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement | | | | | | | 180.00 |
| SUBMITTED BY | | | | | | | |
| Signature | | | | Registration No. 29,680 | | Telephone (703) 205-8000 | |
| Name (Print/Type) | | Michael K. Mutter | | Date | | June 25, 2008 | |